

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Casa</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>174</u>	
District of <u>Miami</u>	ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>900</u>	
Town of <u>Miami</u>	No. <u>1109 Sullivan St.</u>	Local Registrar No. _____	
or _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)	Ward _____	
City of _____	(If child is not yet named, make supplemental report, as directed.)		
2. Full name of child <u>Ignacio Montoy</u>			
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>Yes</u>
6. Date of birth <u>Nov. 18-1924</u>		7. Date of birth Month Day Year	
8. FATHER		14. MOTHER	
Full name <u>Jesus Montoy</u>		Full maiden name <u>Jesusa Acevedo</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz</u>		15. Residence (Usual place of abode) <u>Miami, Ariz</u>	
If non-resident, give place and state.		If non-resident, give place and state.	
10. Color or race <u>Mexican</u>		16. Color or race <u>Mexican</u>	
11. Age at last birthday <u>35</u> (Years)		17. Age at last birthday <u>25</u> (Years)	
12. Birthplace (city or place) <u>Mexico</u>		18. Birthplace (city or place) <u>Mexico</u>	
(State or country)		(State or country)	
13. Occupation <u>Miner</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother _____		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	
(Taken as of time of birth of child herein certified and including this child.)		(a) Born alive and now living <u>6</u>	
(b) Born alive but now dead <u>2</u>		(c) Stillborn <u>none</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was _____ at <u>100</u> on the date above stated			
(Born alive or stillborn.)			
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>P. L. Hodel m.d.</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Miami, Ariz</u>	
Month, day, year _____		Local Registrar. <u>E. E. Davis</u>	
Registrar _____		County Registrar. <u>B. E. Fox</u>	
Filed <u>NOV 30</u> 19 <u>24</u>		Filed <u>DEC 5</u> 19 <u>24</u>	

944-1118-116